

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

MHN

PLAINTIFF Dawayne Tolliver		COURT CASE NUMBER 07CV6796
DEFENDANT City of Chicago		TYPE OF PROCESS S/C
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN City of Chicago	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 121 N. LaSalle Street Room 507, Chicago, IL 60602	
AT		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Dawayne Tolliver, #2007-0072569
Cook County Jail
P.O. Box 089002
Chicago, IL 60608

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

1

Check for service on A.S.A.

FILED

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

JUN 04 2008 TC
6-4-2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

05-05-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
 (Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

24

District to Serve

24

No.

No.

Signature of Authorized USMS Deputy or Clerk

Td

Date

05-05-08

I hereby certify and return that I have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Michelle DeBella Payment Service Rep.

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

am

5:28-08

4:15

pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
48.00	1.48	0	48.48	0	48.48	0

REMARKS:

1 DASH / 1 hour / 1 mile